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AUTHOR Miles, Michael T.
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ABSTRACT

This practicum was designed to improve parents' skills in managing the behavior of their elementary/middle school behaviorally disordered children in the home setting. The goals were: (1) to train parents to act assertively and communicate in a more positive manner with their children; (2) to teach parents the techniques of basic behavior management; and (3) to have parents support behavioral and academic goals in the school setting. A parent training program was developed, involving group sessions and home visits by teachers and utilizing basic behavior management techniques, principles of social learning theory, communication skills, and assertiveness training. Following the training program, 6 of the 15 students reached the criterion level for decreasing dysfunctional behaviors and 10 of the 15 students met the criterion objective for rule compliance, but all 15 student participants showed some behavior improvement, and parents were observed exhibiting positive assertive behavior. Appendices contain a behavior checklist for parents and a parent assertion inventory to help parents pinpoint target behaviors. (JDD)

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PARENT TRAINING FOR PARENTS/GUARDIANS
OF ELEMENTARY AND MIDDLE SCHOOL STUDENTS
WHO EXHIBIT BEHAVIOR DISORDERS

BY

MICHAEL T. MILES

EC 202453

3301 College Avenue
Fort Lauderdale, Florida 33314
305/475-7300

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PARENT TRAINING FOR PARENTS/GUARDIANS OF ELEMENTARY AND MIDDLE SCHOOL STUDENTS WHO EXHIBIT BEHAVIOR DISORDERS

by

Michael T. Miles

Cluster XXII

A Practicum I Report Presented to the Ed.D. Program in Early and Middle Childhood in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

NOVA UNIVERSITY

1987

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Abstract

Parent Training for Parents/Guardians of Elementary and Middle School Students Who Exhibit Behavior Disorders. Miles, M., 1987: Practicum Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Parent Training/ CognitiveRestructuring/BehaviorManagement/Assertiveness Training/ Behavioral Rehearsal

This practicum was designed to improve parents' skills to manage childrens' behavior in the home setting. The primary goal was to train parents to act assertively and communicate in a more positive manner with their children. A second goal was to teach parents the techniques of basic behavior management. When finished with the training program, parents should be able to implement a basic behavior management program in the home environment. The third goal was to get parents to support behavior and academic goals in the school setting.

The writer designed a 12 session training program that was a combination of group training sessions and in-vivo experiences for parents implementing behavior management techniques in their homes under the supervision of trained professionals. The writer developed a parent behavior problem checklist; Ancedotal recording sheet; Parent assertion inventory; behavior observation recording sheet; and behavior checklist for rule compliance in the home.

Results of the practicum were positive. Analysis of the data showed some improvement in behavior for all 15 students who took part in the program. Furthermore, all parents were observed exhibiting positive assertive behavior toward their children by the end of training. The most positive result was the parent's ability to use the behavior checklist in the home. The use of this list enabled parents to target behaviors, set up rules, and have their children comply to rules.

CHAPTER I

INTRODUCTION

Description of Community

The practicum was carried out in a county in southeastern Florida that has the largest geographical area east of the Mississippi River. The school district consisted of 101 schools with approximately 85,000 students. The population of exceptional education students was 11,000 as of September, 1986. There were 72 programs for emotionally handicapped and severely emotionally handicapped students ("Reach for Excellence," 1986).

There is a wide range in the student populations' socio-economic status, ethnic background, and types of neighborhoods in which they reside. The communities within the school district also varies to a great extent. They range from farm communities, where many of the students are from migrant families, to areas where most of the students are from upper class socio-econmomic family structures. In between there is a large group of students, who reside in urban ghetto areas, made up of black and hispanic students. Also, there is a significant population of students who come from homes where one or both of the parents are professionals working in high-tech positions.

Writer's Work Setting and Role

The significant persons who were involved in the parent training program were the parents of students who were in emotionally and severely emotionally handicapped classrooms in 2 elementary and 2 middle schools. Parents were almost equally divided between the lower socio-economic and the middle class. More then half of the parents headed up single parent households. Where both parents were still living together, there appeared to be a great deal of alcohol and drug abuse in the home setting.

The writer is the Behavior Management Services Specialist for exceptional student education in the county school district and is responsible for supervising the implementation of the parent training program . The writer is responsible for behavior interventions in classrooms and for individual students where deemed necessary. Furthermore, the writer is responsible for behavior management guidelines for all exceptional student classrooms and also for development of affective learning and counseling programs for special education students. In addition to already named duties, the writer is responsible for behavior and affective development for students in home bound situations. Prior to his present position the writer was

a teacher and crisis intervention teacher in emotionally handicapped and severely emotionally handicapped classrooms.

The writer's educational background is in counseling and psychology. He has earned under graduate degrees in social psychology and mental health counseling. The writer has a graduate degree in counseling psychology and he is currently working toward a doctorate degree in education in early and middle childhood. Also, the writer is a licensed Mental Health Counselor in the state of Florida.

CHAPTER II

STUDY OF THE PROBLEM

Problem Statement

Reports both written and verbal from teachers, crisis intervention teachers, school psycholgist and school based administration show there had been an improvement in student behavior in emotionally handicapped classes where there had been positive parent involvement. However, it is rare that parents are involved in improving student behavior (Kerr & Nelson, 1983a, p. 280).

In most cases of behavior problems, parents chose to have as little involvement as possible with the school and their children. The parents refused to attend meetings with teachers, administrators, and other mental health professionals who had been involved with their children. Furthermore, when they did get involved with school personnel they were not consistent in their own behavior, which caused communication problems. Often parents agreed to carry out behavior or academic programs in the home setting in cooperation with the school, but they did not follow or carry out program guidelines with any consistency. This type of behavior on the parents part led to confusion in their children and only further strengthened their negative behaviors.

Thus, the problem was that the parents of emotionally handicapped students at the elementary and middle school levels lacked the necessary parenting skills to deal with their children's behavior effectively.

Evidence of the Problem

On October 14, 1986 at the first meeting of crisis intervention teachers at the elementary and middle school levels, the writer presented the problem statement and the practicum outline to those in attendance. Twelve of the 16 crisis intervention teachers felt that the problem statement applied to their school settings, and there was a need for parent training for parents of emotionally handicapped children.

Parents had approached crisis intervention teachers at the schools involved, professionals at health and rehabilitative services and mental health centers to express their frustration with their parenting and coping skills. In two separate incidents during the past year, 2 single parents took their children to social service authorities and tried to leave them in state custody, claiming they could not cope or deal with their children. Also, on home visits crisis intervention teachers from all schools involved had observed parents' verbal and physical threats toward their children

because of frustration and the lack of positive parenting skills. Reports in 37 students social histories taken by school board resource specialists validated the problem where the student was having problems coping with his/her school environment. The problem had been further documented on 12 out of 15 behavior observation checklists and parent interviews conducted by the crisis intervention teachers.

Problem Causes

In the past, many professionals had felt the parents of these children were uncaring and did not get involved with their problem children because of poor parental attitude (Kerr & Nelson, 1983b). However, from personal observations, it appeared that many of the parents refused to be involved with their children's school experiences because of feelings of inadequacy and frustration.

In the writer's work setting, data gathered by resource specialists using parent interviews and social histories verified many causes for the problem. Parents were found to be inconsistent when they dealt with their children. In all 37 cases reported by resource specialists there were no formal rules in home settings. The use of positive reinforcement was non-existent in the home, and there was a considerable amount of

scapegoating by parents and siblings toward the identified problem child. Another cause appeared to be poor communication between parents and significant persons in the community (e.g., schools, social services, law enforcement agencies, etc.). Crisis intervention teachers also reported a total lack of verbal communication between parents and children. Most of the social histories showed a significant amount of alcohol and drug abuse on the part of parents and other persons who were involved with the students.

Review of the Literature

Two major concerns of teachers in classrooms with students who exhibit behavior disorders were: (a) getting parents to support classroom objectives, and (b) training parents to manage problem behavior in home and neighborhood settings.

If the objective was to train parents to deal with behavior at home, they were putting themselves, "in a parent consultant-mediator-target relationship' (Kerr & Nelson, 1983c, p. 280). Many parents of children with behavior problems were defensive about admitting that there was a problem since it is fairly common to attribute children's behavior to faulty parenting. One possible way around this problem was to treat the issue as an educational one instead of

treating it as some type of problem needing counseling or psychotherapy. Seligman and Seligman (1980) observed that an understanding of how parents cope with and viewed their individual circumstances was of the utmost importance. This view was preferable to the jaundiced view that parents who chronically deny and distort, are often unrealistically angry, and also viewed as being emotionally disturbed themselves. If beliefs and values of parents were looked upon as their valid view of the world, educators would be more accepting and better able to deal with students problems.

It was important for parents to realize they have a problem and to seek assistance. If a professional who was significantly involved presented ideas and techniques to help parents manage problems, he/she would be less likely to meet with resistance.

The major problem from an educational standpoint is the lack of trained professional personnel. However, Rose (1977) found that parents were still able to learn from those with relatively little training when working in groups. Not only were parents able to learn in groups of their peers, this approach worked with a wide range of educational backgrounds. In his study, parents with 10th-grade education were as successful as those with college education, and differences in social class had

no effect. Rose concluded that involvement rather than expertise is the major key to success in parent training groups. It appeared that parent training could work if the educator acts as a facilitator and gets parents involved in a positive manner.

Educator Attitudes

When attending meetings of educators the behavior specialist observed that parents seemed to take the brunt of the blame for their child's behavior. However, McAdoo & Connolly (1975) suggested that parents need not always be blamed for their children's behavior. They administered the MMPI to two sample of parents. One was drawn from adult patients at an outpatient psychiatric clinic, and the other sample came from parents in counseling at a child guidance clinic. The parents at the child guidance clinic problems were not similar to those under psychiatric care. Results showed that parents at the child guidance clinic were similar to parents who had children who exhibited a normal range of behaviors. These findings seem to indicate that parents with psychiatric problems differ from parents who lack parenting skills. Furthermore, it appeared as though educators were guilty of placing blame on parents without looking at other intrinsic and extrinsic factors in the child's environment. Although in many cases, it

had been the lack of family parenting skills and involvement that underlay behavior disorders in children, it is necessary to look at other factors involved.

Given what is known today regarding the family's role in childrens' behavior disorders, it would be extremely inappropriate for special educators to adopt an attitude of blame toward parents of troubled children as the only possible cause. The special education teacher must realize that parents of a disturbed child have experienced a great deal of disappointment and frustration, and most would like to see the child's behavior improve. Turnbill and Turnbill (1978), felt the importance of parent training must be kept in context with all other factors in the child's environment.

Stress Management

The factor of stress and the part that it plays in dysfunctional families must be taken into account when parent training is deemed necessary. Peterson (1982) found that many parents were subjected to high stress, and that stress interferes with a parent's positive functioning. He developed a stress management program that could be used as an important part of any parent training program. The integration of a good stress management program along with parent training could be a

great help as parents learned to cope with their own individual situations.

While caring for children can be stressful when they experience only the normal problems of growing up, it can become more aversive (Patterson, 1980), given our culture's tendency to blame mothers when anything goes wrong with child, mothers may experience severe guilt (Weisskopf, 1978). The literature points out that every care should be taken to work with the mother's guilt and the father's involvement with the child when parent training is undertaken. Again, in this type of situation, the literature shows that a combination of stress reduction techniques could be used as a part of the overall parent training program.

Alcoholic Parents

Many students in emotionally disturbed classrooms have parents who abuse alcohol and other drugs. Many of the students themselves had begun to follow their parents' negative behaviors and risked becoming substance abusers themselves. Creamer (1977) concluded that (a) school staff who had close and continuous contact provided the best care, and (b) in parent

training groups, the problem of substance abuse must be worked at in a most effective manner. Creamer recommended procedures on implementing a school-based project, with emphasis on the junior high school years.

Much of the literature on substance abuse in the family has focused primarily on the parents while neglecting the roles and functions of children in the family (Bowen, 1974), and the consequences of alcoholism for the children. They have growth and developmental problems, and frequently exhibit significant behavior dysfunctions (Chafetz, Blane & Hill, 1971; El-Guebly & Offord, 1977; Fox, 1962; Mayer, Black & Macdonald, 1978; Wilson & Offord, 1979). Giving the family knowledge about substance abuse is almost always helpful. The writer of this practicum believes that substance abuse problems must be made a part of all training programs for parents with behavior disordered children.

Parent's Negative Feelings

Jones (1979) observed that "parents should admit their negative feelings about parenting, share feelings of suffering with other parents, and nurture each other" (p. 9). From this basis for new understanding, parents could organize and work to redefine their nurturing. Jones applied Soell's three stages of suffering to her work. She believed parents could go through the

progression from silent, submissive pain, to articulated pain, and then to shared pain and a feeling of solidarity.

Parent Training in Group Settings

The group as both a context and a means of treatment can be utilized to expose parents to a wide range of behaviors beyond just those that are exhibited by their own children. According to research, when small groups are highly attractive to its members, the groups puts considerable pressure on other members to conform to therapeutic demands and also to group norms. Group properties such as cohesiveness, interaction, rules, and peer pressure can be manipulated to facilitate parental acquisition of necessary skills (Cartwright & Zander, 1968). Membership also allows for many different types of interactions, role playing behavior and modeling. These factors are important in a cognitive behavioral approach to parent training (Patterson, 1976).

In research on parent training groups, Carkuff and Bierman (1970) pre-tested and post-tested parents and children in group training and found that gains were made in both communication and discrimination skills. In the group, parents also perceived themselves as improving in all-around interpersonal skills. However, they did not seem to generalize gains in interpersonal

skills to play situations with their children. These gains in interpersonal skills reported by parents would tend to help them function better in most other family processes.

Parent-Child Communication

Two groups of emotionally disturbed children, ages 5 to 11 years, received different forms of communication problems in a workshop (Santilli, 1972). One group focused on the parent-child relationship and the other on the martial relationship. Results of pre-training and post-training indicated that children in the two groups improved almost equally in their communication skills. There were also some benefits to parents and children from the exclusive focus on the parent child relationship. However, most of the meaningful adult growth took place in parents receiving both marital and parent-child communication training. This research lends credibility to the notion that good communication between parents can serve as a role model for their children. When a parent learns to communicate more effectively with his/her spouse, all other persons involved will benefit in a positive way. These findings and there implications are of utmost importance to persons who have a vested interest in parent training.

For more information on parent communication

training, one might look at the work of Virginia Satir, a psychiatric social worker who was among the first to report on work she and her colleagues in Palo Alto, California carried on in teaching families more honest communication skills (Satir, 1967). More concerned with practice than theory, Satir offered numerous illustrations of her family-orientated training techniques, including transcripts of family sessions, based on the communication viewpoint. Among the early pace setters in family communication training, Satir is and has been one of the leaders in the field (Beels & Farber, 1969).

The behaviorally-oriented family trainer sees the family situation as an opportunity to induce significant behavioral changes in family members by restructuring their interpersonal environments (Liberman, 1970).

Considerable behavioral work following a social learning model has been directed at child management problems in the family. Rather than dealing with the family as a dysfuntional social system, this approach to training attempts to reprogram the social environment in an effort to socialize the disturbed behavior of a child within a family (Patterson, McNeal, Hawkins & Phelps, 1967). This training teaches social learning principles, such as modeling and use of social reinforcers. These

methods can help parents utilize daily contacts to change their child's undesirable behavior (Berkowitz & Grazino, 1972a).

Research by Arnold, Levine and Patterson (1975) suggests that behavior of siblings and the identified problem child needs to be altered by parent training programs, because a family may have more than one deviant child, although only one child may be labeled as a problem by the parents. If only one child is worked with, other siblings may cause the problem to escalate. These researchers were able to find positive changes in siblings of socially aggressive boys as well as the boys themselves when parents were trained in social learning techniques for child management.

Further evidence for the effectiveness of behavioral oriented parent training comes from the work of Brubakken (1974a) when a 10-session parent training program to instruct parents in methods of behavioral management techniques with their emotionally disturbed children ages 5 to 8 years was implemented. Results indicated an increase in positive responses by all parents and a significant increase in compliance rates of children. There are other training programs that might be of value to professionals. One is the operant type of behavior modification procedure which used

parents of retarded children as behavior modification technicians (Watson & Bassinger, 1974). The second program designed by Tymchuk (1975) is a model for working with parents of developmentally disabled children that combined dynamic and behavioral therapeutic strategies. Both of these programs can be used with children who exhibit behavior disorders.

A model training program was designed by Swenson (1977a) for severely emotionally disturbed children that contained a parent training component. Among the program objectives was the pinpointing and defining of behavior problems in the environment in which a disruptive behavior was occurring. The program was designed to specify contingencies that were presently operating, and the observations and recording of target behaviors on a daily basis. Intervention plans and performance expectations were then established. Three case studies were presented to professionals to illustrate the application of the program. This parent training program could be used as an excellent role model for programs in parent training for both emotionally disturbed and severely emotionally disturbed children.

Parental Adjustments

Over 20 years ago, a book was written that still

serves as an excellent guide for parents who have an exceptional child within the family structure. The work is titled, The Exceptional Child in the Family, Helping Parents of Exceptional Children by Ross (1964). The book discusses the dynamics of family interactions, defines the family as a social system, discusses the roles of family members, and presents examples of parental attitudes and behaviors as they relate to the adjustment of the exceptional child in the family. Ross describes some of the psychological defense mechanisms used by parents as they attempt to adjust to a child with a handicap. In this case, it is the child who exhibits behavior disorders. Ross recommends his work for parents who have a child who is emotionally disturbed or emotionally ill. His work on parental adjustment to an exceptional child serves as a guide for any professional who is in the process of designing a parent training program for children who exhibit behavior disorders.

Conclusions

Professionals and lay persons alike have become acutely aware of consequences to families when parents exhibit skills that were inadequate when they deal with their children. It is difficult to pinpoint a particular training program that might be most effective in all situations. It is the opinion of this writer that an

eclectic approach might best serve as a basis for effective parent training programs.

There appears to be, little or no research on assertiveness training for parents. In the past few years, the importance of effective assertiveness skills has been stressed more and more in our society. The teaching of these skills is an important part of any training program.

In the past, our society has tended to look at the individual, or in this case the child whose behavior is outside the norm, as the entire problem in any given situation. In reality, it is the entire environment of the child and his/her family that is directly or indirectly a part of the child's problem. Further research and viable training methods must be fostered in parent training programs if any lasting positive changes are to be made in children who exhibit behavior disorders. If this is not eventually accomplished, the entire problem will be placed on educators who do not have the means to solve the problem within the educational system.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

General Goals

The general goal of the parent training program was to train parents to manage problem behaviors in the home and neighborhood setting. An additional goal was to get parents to support classroom behavior and academic objectives.

Behavioral Expectations

The following behaviors were projected for this practicum:

1. Parents will be able to apply basic behavior techniques in the home and neighborhood setting to control behavior problems in their children.

2. Parents will be able to identify the differences between aggressive, non-assertive and assertive behavior in their children.

3. Parents will be able to implement a structured set of rules for their children in the home environment, in collaboration with their children and the crisis intervention teacher.

Standards of Performance

The following standards were considered acceptable:

1. There will be a significant decrease in 4 out of 6 targeted behaviors after the interventions are

completed.

2. Given 10 behaviors the parents will be able to determine whether 8 out of 10 demonstrate aggressive, non-assertive or assertive behavior.

3. There will be a 40% increase in assertive behavior in 5 of 9 parents

4. There will be a significant increase in the compliance rate in 4 out of 6 rules constructed and implemented.

Evaluation Instruments

In order to pre and posttest the student's behaviors a behavior checklist constructed by the writer was used (see Appendix A). The crisis intervention teacher instructed the parents on the use of the behavior checklist for both the pre and post-intervention strategies. The instrument gave a measurement of aggressive/disruptive behaviors and withdrawn behaviors in their children. The behavior checklist served two purposes:(a) it gave an indication of behaviors that needed intervention strategies, and (b) it measured results of the interventions.

Parents were trained to use a writer made ancedotal record sheet (see Appendix B) along with a behavior observation record also constructed by the writer (see Appendix D). The two methods of parent record keeping

were used to target their children's behaviors for rule compliance. The crisis intervention teachers instructed parents in the use of the instruments and made follow up visits to make sure they were using the instruments correctly. The recording procedures were designed so that untrained persons could implement data gathering procedures. The measurement allowed space to record inappropriate behaviors and make ancedotal comments as necessary.

A self-administered parent assertion inventory was filled out by parents after receiving instruction from the crisis intervention teacher. The instrument helped the crisis intervention teacher identify behaviors the parents needed to work on. The lack of assertive behaviors by the parents had to be identified and worked on before they could communicate effectively with their children. The writer constructed the inventory as none was available that suited the purposes of the practicum (see Appendix C).

Parents were also trained in the use of a behavior checklist for compliance to household rules (see Appendix E). This checklist helped parents set up a consistent structure for implementing rules in the home, it served as a chart to monitor rule compliance in the home environment.

Ancedotal recordings (see Appendix B) were used by parents to target individual behaviors to serve as baselines for intervention strategies. The crisis intervention teachers were well trained and had the skills to teach parents to use ancedotal recordings effectively.

All evaluation instruments used in parent training, were designed so parents could continue using them after the training program was completed.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

A number of different approaches have been used to train parents in behavior management and effective communication skills when they deal with their children. The most effective parent training programs incorporate a variety of techniques. Social learning principles use a combination of role-modeling, social reinforcers, behavioral rehearsal, group and individual counseling, and cognitive behavior modification to train parents (Berkowitz & Grazino 1972b). Also, the operant type of behavior modification can be used to train parents as behavior modification technicians. Furthermore, the pinpointing and defining of problem behaviors on a daily basis gives parents the opportunity to establish intervention plans and behavior expectations for their children (Swenson, 1977b). A 10-session parent training program designed by Brubakken (1974b) using both operant and cognitive behavior modification techniques had positive results.

Since parent training takes into consideration the total environment of both the parent and child, the use of both social learning theories and behavior modification seems to have the most effective results.

The use of assertiveness training, role-modeling, and behavior rehearsal are excellent techniques to bring about behavior change. Since a combination of strategies is necessary to make a parent training program effective, an eclectic approach seems to be most viable.

Description of Selected Solution

The parent training program, developed for this practicum, was based on a combination of basic behavior management techniques and principles of Bandura's (1969) social learning theory. Social learning theory is based on a premise that individuals strive to maximize rewards from the environment while minimizing costs. Social relations are seen as satisfactory when a given relationship provides a high ratio of rewards to costs. Patterson and Hops (1972) further refined this notion of exchange with concepts of reciprocity and coercion. Reciprocity refers to a pattern of social interaction in which two people maintain or control a relationship through frequent use of mutual positive reinforcement. Coercion, on the other hand, refers to interaction in which each person uses aversive reactions to control the behavior of the other person.

In the past two decades, there has been a resurgence of interest in the development of procedures for modifying the cognitive along with the behavior

component of problems. Mahoney and Arnkoff (1978), have classified cognitive oriented approaches as following one of three directions: Cognitive restructuring; coping skills training; and problem solving.

The basic premise of cognitive restructuring is that maladaptive thought leads to maladaptive feelings, which in turn result in maladaptive behaviors. Both Ellis (1962) and Beck (1972), have identified series of irrational beliefs or distorted thinking. For example, a person may believe that everyone you know must approve of and love you, or a person may see a single negative event as part of a continual pattern of defeat or attack. Intervention usually involves educating the individual to take a more rational, analytic approach to events and to monitor and modify "inner" or "self-talk." By doing so, subjects often find they can make dramatic improvements in their emotional states and interpersonal effectiveness. These concepts were originally used with adults, however, recent efforts with children have had impressive results (Kirby & Horne, 1982).

Clearly, the use of cognitive restructuring, coping skills training, and problem solving are compatible with other elements of parent training. Furthermore, they are highly complimentary. Changing a child's behavior requires that parents alter their current responses to

the child and create an environment that is mutually reinforcing. In addition to these treatment approaches, assertive training was also an integral part of the parent training program. The non-use of assertive training procedures was evident from the review of the literature when parent training programs were implemented. If assertive training was used as a part of a cognitive behavioral approach to parent training it should enhance the effectiveness of the over all program.

Report of Action Taken

Implementation of the practicum took place under the direction of crisis intervention teachers at the school sites. The crisis intervention teachers were in charge of behavior interventions in classrooms for emotionally handicapped students. In addition to behavior interventions, the crisis intervention was responsible for individual and group counseling, testing, net-working with social service agencies and as a liaison for the parents. One crisis intervention teacher is assigned to a school that has two or more classrooms with emotionally handicapped or severely emotionally handicapped students. All of the crisis intervention teachers involved in the program volunteered to work after school and during evening hours.

Letters were sent out to all parents who had

students in classes for the emotionally handicapped, asking them to participate in the parent training program. The letters were followed by phone calls from the crisis intervention teachers to parents

There was an implementation of weekly parent training groups, homework assignments for parents, and follow up home visits by the crisis intervention teachers.

Specific Areas

Specific training focused on the implementation of a cognitive behavior modification program in the home setting. The role modeling by the crisis intervention teachers and behavior rehearsal on the parents part were the essential elements of the program.

Most parents of emotionally disturbed children lack the communication skills that are necessary for effective parenting. Therefore, assertiveness training and communication skills between the parents and between parents and child was emphasized.

Research has demonstrated that positive parenting, skills in human beings is a learned behavior. If the skills outlined in the practicum were properly taught, then a parent training program would have a significant chance to bring about an improvement in the parents' ability to cope and deal with their children in a

successful manner.

Specific Stages of The Program

The program was composed of three stages, most of which contained several distinct sessions. The three stages were the pre-training stage, intervention stage and the generalization stage.

Session 1 - Pre - Training Stage. The pre-training stage took place during the initial session. The main objective of the first session was to prepare the family for training. This included the gathering of necessary information about the presenting problem and other factors that had a bearing on the families participation. Presentation of the program to families was important, so they could understand the likely results. Two other objectives of the first session were to develop a good working relationship with the families based on a sense of trust in the crisis intervention teachers ability to help, and to strengthen the family's commitment to participate in the program.

Intervention Stage

Session 2 - Starting the Program. When working with families who have children with behavior problems, it was the writer and the crisis intervention teachers experience that several issues had to be discussed before the parents could set about the task of changing

their children's behavior. One was the goal of the treatment program. The crisis intervention teachers and the parents had to reach a clear understanding on the behavioral goals of the program before it was implemented. With two families, it simply involved pinpointing or specifying appropriate behavior that had to be increased and inappropriate behaviors that had to be decreased. With other families involved, there was considerable confusion or disagreement on what were the appropriate expectations for their children. Therefore, the first step with these families was to achieve agreement as to what were reasonable behavioral goals for their children.

Session 3 - Behavior Checklist/Data Gathering. The crisis intervention teachers administered the pre-intervention behavior checklist to parents during the first part of session 2. After the parents filled out the checklist, the crisis intervention teachers held an affective group process to go over the results. During this session parents were given instruction on the use of the ancedotal recording sheet.

Sessions 4 and 5 - Assertive Training for Parents. Session 4 was used to administer the parent assertion inventory. Following administration of the inventory a group discussion was held to help parents define the

differences between assertive, non-assertive and aggressive behavior. The second part of the assertiveness training segment was carried out during session five. Crisis intervention teachers role-modeled assertive, non-assertive and aggressive behaviors for the parents. Parents then took part in a behavior rehearsal exercise with the help of the crisis intervention teachers. A closing group discussion was held to help the parents make a plan to use assertive behavior techniques in their home setting.

Session 6 - Self Control. Session 6 was used to help the parents gain more self-control by enhancing skills they had learned during assertiveness training. Parents who got enraged, depressed, or guilt ridden were less able to implement appropriate child-management techniques. Therefore, this session followed the format of sessions 4 and 5. Role-modeling, behavioral rehearsal and group discussion was used.

Sessions 7 and 8 - Discipline. These two sessions were used to develop a plan to change the child's behavior. It concentrated on identifying how parents had responded to past episodes of misbehavior. The crisis intervention teachers helped them consider alternative responses when they encountered behavior problems in their children. Because different forms of behavior called for different

forms of discipline, the sessions offered five procedures parents could choose from: time-out, taking away privileges, natural consequences, withholding attention and assigning additional chores.

Session 9 - Reinforcement. While being able to enforce limits was critical to the program, parents needed to be more positive in general and to encourage specific pro-social behaviors in particular. Therefore, the 9th - session covered the use of reinforcement. The crisis intervention teachers explained the definitions of reinforcement, and just as importantly, how parents and children could inadvertently reinforce each other's undesirable behaviors. Furthermore, the crisis intervention teachers instructed the parents in the uses of specific reinforcement procedures, such as praise, affection, point systems and how to encourage specific desirable behaviors.

Generalization Stage

By the end of the intervention stage, parents had been taught the essential concepts and skills for changing behavior and resolving conflicts. By this time parents should have acquired the skills to note significant improvement in problem behaviors they targeted in the initial session. However, families would still need assistance if they were to apply their new

learned skills. Therefore, during the 10th - and 11th - weeks of the program crisis intervention teachers worked in each home to help parents enhance their parenting skills, so the program could have the chance to generalize to the in-vivo environment.

Between Session Assignments

Aside from the weekly sessions, an integral part of the program was to give parents home work assignments to perform. Crisis intervention teachers monitored the assignments through regular use of telephone calls and occasional visits to the home.

Standardization versus Flexibilty

The planned program was described in a logical order to the crisis intervention teachers for presentation. However, the need for flexibilty when the program was put into action was stressed. The crisis intervention teachers were instructed to take an eclectic point of view when they approached their work. The participating crisis intervention teachers had master's degrees in teaching of the emotionally handicapped, psychology, or social work. Thus, they had the required background in counseling and cognitive behavior modification to implement the program in a flexible manner to deal with individual differences in personality and situational factors.

Crisis Intervention Teacher Meetings

There were two meetings held with crisis intervention teachers prior to parent training sessions. The meetingswere held to go over guidelines for the program, exchange ideas, and make any necessary changes in the format.

Program monitoring by the behavior specialist was achieved through daily phone calls and biweekly visits. The crisis intervention teachers kept contacts with each other on a regular basis during the program, so they could exchange ideas and discuss problems. During the meeting the crisis intervention teachers were asked to construct a personalized letter from their school center to parents. The letter contained information about the program and dates and times for training sessions (see Appendix F).

Timeframe

The parent training program took place over a 12 week time period. Most of the sessions lasted longer then the 1 1/2 hour time frame allotted for each weekly meeting. All sessions except for the last two were held on school sites. The last two sessions took place with individual families in their homes. Two meetings were held with the crisis intervention teachers. They took place on March 11 & 18, 1987. Parent training sessions

began during the week of March 22 and countinued for 12 weeks ending during the week of June 7, 1987. A final meeting was held with the crisis intervention teachers on June 11, 1987 to evaluate and compare the pre-intervention data with the post-intervention data.

CHAPTER V

RESULTS, CONCLUSIONS AND RECOMMENDATIONS

Results

Participants in the Practicum

Out of 16 schools approached, 5 showed an interest in the practicum. Four of the schools decided to participate when the practicum proposal was approved.

At the beginning of the parent training program, there were 2 elementary schools involved. One of the schools had 2 parents sign up for the training program; however, the other school could not get parents to participate. The 2 middle schools involved had 7 parents sign up for training. In addition to parents, a couple who managed a group for emotionally handicapped children took part in the training. They had 8 children placed with them who attended either one of the middle schools involved or an elementary school in the area. Therefore, a total of 17 students were targeted for help from the parent training program.

The two parents attending meetings at the elementary school dropped out of the program after 8 weeks, leaving 7 mothers and the 2 foster home parents participating in the program. The 2 parents who dropped out gave family and work conflicts as reasons for discontinuing the program. Furthermore, neither parent had attended

scheduled meetings on a regular basis making it impossible for them to benefit from the program. Five of the 7 mothers who participated in the program were single parents. The husbands of the 2 married participants did not take part in the training sessions because of conflicts with their work schedules. The foster home parents were a husband and wife team. Parents of the middle school children attended all meetings. Special thanks had to go to the crisis intervention teachers for making it possible for the parents to attend meetings. The schools still involved in the training program were in lower socio-ecomonic areas and many parents did not own automobiles or have access to other modes of transportation. The crisis intervention teachers made sure that parents had a source of transportation to every session. The group home parents were also able to attend all sessions.

Achievement of Objectives

Objective 1. The first objective targeted a significant decrease in 4 out of 6 behaviors recorded on the pre-intervention behavior checklist. Crisis intervention teachers analyzed the checklist for targeted behaviors that were in the moderate or severe range. Pre-intervention data disclosed there was an average of 14 out of 27 behaviors on each checklist

falling within the two upper ranges of dysfunctional behavior (see Appendix A). The crisis intervention teachers and parents targeted six behaviors from the pre-intervention behavior checklist that scored in the severe range. At the end of training, the crisis intervention teachers administered a post-intervention behavior checklist to measure if the targeted behaviors had met the criterion for improvement. The behaviors targeted the most by parents are documented on Table 1.

Table 1

Six Behaviors in the Severe Range Targeted the Most by Parents (n=15)

Behavior	no. of times targeted
1. Has temper tantrums	14
2. Picks on others	13
3. Disrupts, annoys, bothers others	15
4. Starts fights	12
5. Disobeys; resists disciplinary control	12
6. Seeks to much attention; "Shows off"	11

The criterion for improvement used was that the targeted behaviors on the post-intervention behavior checklist should show a rating of, "improving but still a problem" or to the "no problem at all level". It was found that this criterion for improvement was met in 4 out of 6 targeted behaviors by 6 of the 15 students (see Table 1). One student improved in 5 of 6 targeted behaviors. Data also showed that the criterion for improvement had been attained in at least 2 out of 6 behaviors by all students.

Table 2

Number of Students Showing a Decrease in 6 Targeted Behaviors (n=15)

	2/6	3/6	4/6	5/6	6/6
Number of Students	3	5	6	1	0

Objective 2. For the second objective, parents were asked to correctly identify 8 out of 10 behaviors that were either aggressive, non-assertive or assertive. Prior to sessions on assertiveness training, the parent assertion inventory was given to parents to target behaviors that were to be addressed in this segment of

the training program. At the end of the second session on assertiveness training, crisis intervention teachers role-modeled assertive, non-assertive and aggressive behaviors for the parents. Ten behaviors were demonstrated for each parent. In all cases, parents were able to identify the differences among assertive, non-assertive and aggressive behavior. However, the writer is not able to determine if the criterion for improvement for this objective was met. The crisis intervention teachers did not test the ability of the parents, prior to the implementation of the assertiveness training phase, it could identify whether the behaviors were assertive, non-assertive, or aggressive. The crisis intervention teachers used the pre-parent assertion inventory only to establish the need for assertiveness training. However, responses to the parent assertion inventory prior to training suggest that the parents might have had difficulty identifying approriate assertive behaviors (see Tables 3 & 4).

Table 3

Number of Parents Showing an Increase in Assertive Behavior on The Parent Assertion Inventory (n=9)

Parent	Total Score Pre-Inventory	Total Score Post-Inventory	Pct. of Increase
1	21	31	48%
2	22	33	50%
3	25	44	76%
4	25	30	20%
5	31	48	55%
6	25	37	48%
7	18	39	116%
8	35	39	10%
9	35	38	9%

Objective 3. Objective 3 called for a 40% increase in assertive behavior in 5 of the 9 parents on the posttest of the parent assertion inventory compared with the pretest. A total score was obtained for each parent on the parent assertiveness inventory by adding the responses on all 15 items. This was done separately for the pretest and separately for the posttest. The difference was then taken between the total of the

pretest and posttest. The difference was then divided by the total score on the pretest and multiplied by 100 to get the percentage of change. Six of 9 parents were above the criterion level of a 40% increase. One parent showed a 116% increase followed by another parent with a 76% increase. Two of the 3 parents scoring below the criterion level for improvement were the foster home parents. However, both of these parents had scored high in assertive behavior on the pretest. Therefore, it was impossible for them to show a large percentage of improvement on the posttest (see Table 4). Also, the crisis intervention teachers reported an increase in assertive behavior on the part of parents when they observed them interacting with their children in the home setting. Furthermore, when given the post-intervention assertion inventory, parents showed an increase in their overall assertive behaviors (see Table 4). Response probabilities on the assertion inventory ranged from 0 never respond, 2 rarely respond, 3 usually respond to 4 always respond (see Appendix C). Except for item 2, average response moved up by one point. Item 2 dealt with ones ability to deal with constructive criticism. The writer, from his experience, has observed that this is one of the most difficult behaviors to deal with in parents.

Table 4

Mean Rating on the Parent Assertion Inventory (n=15)

Behavior		Pre	Post
1.	Ask a favor of someone	2	3
2.	Ask for constructive criticism	1	1
3.	Initiate a conversations with a stranger	3	3
4.	Resist a significant persons unfair demand	2	3
5.	Tell someone you like him/her	3	4
6.	Ask whether you have offended somebody		
7.	Admit ignorance in some area	1	2
8.	Ask personal questions	2	3
9.	Request return of borrowed items	1	3
10.	Turn down a request to borrow money	2	3
11.	Apologize when you are at fault	2	3
12.	Discuss openly with the person his/her criticism of your behavior	1	3
13.	Compliment a friend	3	3
14.	Ask a person who is annoying you in public to stop	1	2
15.	Admit fear	2	2

Objective 4. Objective 4 called for an increase in the compliance rate in 4 out 6 rules targeted for compliance. Crisis intervention teachers critiqued the Behavior Observation Record baselines (see Appendix D) and ancedotal recordings by parents. The number one rule targeted for compliance was the parents wanting their children to take care of younger siblings when they were away from the home setting. The foster home parents were the only ones who did not target this rule for compliance. Other rules that were targeted for compliance most often were, doing after dinner chores, going to bed at the appropriate time, and coming home from outside play at the time requested by the parent. Homework assignments were of little importance in the beginning of the program. However, the crisis intervention teachers were able get the parents to agree to homework as a part of the structured rules in the home. From data provided by parents, the crisis intervention teachers and parents constructed 6 rules they wanted their children to comply with in the home setting. At the end of the training program, crisis intervention teachers interpreted data provided by parents on the behavior checklist for rule compliance

(see Appendix E). A criterion level of 80% was set for compliance for each of the 6 rules constructed and implemented by parents. Data showed there was an increase in compliance to 4 out of 6 rules by 10 out of 15 students (see Table 5). Also, all of the students were able to comply with at least 2 of the rules structured for them at an 80% criterion level during the intervention stages of the parent training program.

Table 5

Number of Students Showing an Increase in Rule Compliance (n=15)

	2/6	3/6	4/6	5/6	6/6
Number of Students	1	3	10	1	0

Conclusions

It is very difficult to get parents to participate in a parent training program. The task was accomplished through a concentrated effort. Personnel at 2 middle schools were able to make such an effort through determination and hard work. Their work resulted in 7 parents and a set of group home parents, along with 15

children participating in the program.

Crisis intervention teachers reported the parent behavior checklist and the parent assertion inventory were more than adequate in helping them pinpoint target behaviors. Parents were able to learn how to use the instruments necessary to monitor their children's behavior without any significant problems.

All of the students were not able to decrease 4 out of the 6 targeted dysfunctional behaviors. However, there was an improvement in all students who took part in the program and 6 out of the 15 students did reach the practicums criterion level for this objective.

The crisis intervention teachers reported that after assertiveness training, all parents were able to identify whether the behaviors they role-modeled for them was assertive, non assertive or aggressive. The parents were able do this 100% of the time which went beyond the criterion level designed for the program. This objective called for parents to be able to identify 8 out of 10 behaviors role-modeled by the teachers. When given the post-intervention parent assertion inventory, parents showed an improvement of 1 point on a 4 point scale on 14 of the 15 items. There was an improvement of

40% and above on the assertiveness behavior in 6 of the 9 parents.

The checklist for rule compliance showed that 10 out of the 15 students complied with 4 out of 6 rules 80% of the time. All students were able to comply with at least 2 of 6 rules in the home setting at an 80% criterion level. Parents reported there was enough improvement in their children to have them consider using the rule compliance checklist after the training program was completed.

After taking part in the program, parents told the crisis intervention teachers that they were able to benefit from the program. A side benefit of the program was the parent's attitude toward their children's school. Most said they would cooperate with teachers and school administrators in an effort to continue to monitor their child's behavior.

In summary, there was an improvement in parenting skills from taking part in the training program. There was also an improvement in school behavior by students who had parents taking part in the program. During the implementation of the parent training program, only 2 of the parents participating had children who were

suspended from school. The two suspensions were for a short period of time. Each student was given the minimum 3 days under school board rules.

The crisis intervention teachers found that it was necessary to get parents to understand the importance of homework assignments. When they pinpointed rules for compliance, none of the parents felt that home work was important. The crisis intervention teachers wanted to implement methods that would give parents the opportunity to gain skills to make sure that homework assignments were finished appropriately. This factor was not taken into account when the parent training program was first implemented. Crisis intervention teachers found there was an improvement in student's behavior when they had a closer tie with parent's and the student's home setting. Also, the crisis intervention teachers found that they enhanced their communication skills with students from knowledge they obtained from the assertiveness training component of the parent training program.

Recommendations

After completing this practicum, the writer finds the following recommendations are in order:

1. The parent training program was successful enough to recommend its use in other schools in the school district.

2. Strategies need to be identified to get more parents involved in parent training programs.

3. Workshops are needed to train more school personnel in parent training methods.

4. A school district committee needs to be formed to look at the benefits of a district wide supported training program for parents.

5. The parent training program should be implemented at the beginning of the school so that it will have the maximum impact.

6. Crisis intervention teachers should be trained in assertiveness training methods before a parent training program is implemented.

Dissemination

The writer has made the following plans for dissemination of the practicum results:

1. The practicum report will be shared with all crisis intervention teachers in the school district.

2. The practicum report will be shared with all

principals of schools with programs for emotionally handicapped students.

3. The practicum report will be made available to the emotionally handicapped program specialist for the school district.

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APPENDIX A

PARENT BEHAVIOR PROBLEM CHECKLIST

PARENT BEHAVIOR PROBLEM CHECKLIST

Student_____ Age_____ Grade_____

Teacher_____ Parent_____ Date_____

0 = No Problem
1 = Improving But Still A Problem
2 = Moderate Problem
3 = Severe Problem

AGGRESSIVE/DISRUPTIVE BEHAVIORS

1)	Uses profane language, swears, curses	0 1 2 3
2)	Has temper tantrums	0 1 2 3
3)	Steals	0 1 2 3
4)	Is often truant from school	0 1 2 3
5)	Is uncooperative in group situations	0 1 2 3
6)	Picks on others	0 1 2 3
7)	Bullies others	0 1 2 3
8)	Pushes, shoves others	0 1 2 3
9)	Throws objects at others	0 1 2 3
10)	Physically attacks others	0 1 2 3
11)	Carries or uses weapons	0 1 2 3
12)	Disrupts, annoys, bothers others	0 1 2 3
13)	Starts fights	0 1 2 3
14)	Disobeys; resists discipinary control	0 1 2 3
15)	Is irritable, hot tempered, easily angered	0 1 2 3
16)	Seeks too much attention; "shows off"	0 1 2 3
17)	Is boisterous, rowdy	0 1 2 3
18)	Is negative; has tendency to do the opposite of what is required	0 1 2 3

WITHDRAWN BEHAVIORS

19)	Doesn't interact with others	0 1 2 3
20)	Remains silent even when he/she needs something	0 1 2 3
21)	Doesn't talk to others	0 1 2 3
22)	Lacks eye contact; looks away when spoken to	0 1 2 3

23)	Lacks emotional reactions	0 1 2 3
24)	Is preoccupied: "in a world of his/ her own"	0 1 2 3
25)	Is shy, bashful, prefers solitary activities	0 1 2 3
26)	Daydreams excessively	0 1 2 3
27)	Is aloof, socially reserved	0 1 2 3

APPENDIX B

ANCEDOTAL RECORDING SHEET

ANCEDOTAL RECORDING SHEET

Parent:_____

Crisis Intervention Teacher:_____

Date:_____

Student:_____

1. Can you describe for me in your own words what the problem behavior seems to be?

2. Could you be a little more specific? For Example, when you say that your child disrupts the home, what exactly does he/she do?

3. Now I'm getting the picture. Tell me, does this behavior take place every day?

4. (If no) would you say it happens every week? Every other week?

5. Let's try tc figure out what your child gains from this behavior. can you recall what happens to your child (that is what you do) after this behavior occurs?

6. Have you been able to notice what other persons in the room do when this behavior takes place?

7. Is there anything else you can tell me about this behavior or your child?

APPENDIX C

PARENT ASSERTION INVENTORY

PARENT ASSERTION INVENTORY

Name_____ Date_____

RESPONSE PROBABILITY

0 = Never
1 = Rarely
2 = About half the time
3 = Usually do it
4 = Always do it

PLEASE CIRCLE YOUR RESPONSE

1)	Ask a favor of someone	0 1 2 3 4
2)	Ask for constructive criticism	0 1 2 3 4
3)	Initiate a conversation with a stranger	0 1 2 3 4
4)	Resist a significant persons unfair demand	0 1 2 3 4
5)	Tell someone that you like him/her	0 1 2 3 4
6)	Ask whether you have offended someone	0 1 2 3 4
7)	Admit ignorance in some area	0 1 2 3 4
8)	Ask personal questions	0 1 2 3 4
9)	Request the return of borrowed items	0 1 2 3 4
10)	Turn down a request to borrow money	0 1 2 3 4
11)	Apologize when you are at fault	0 1 2 3 4
12)	Discuss openly with the person his/her criticism of your behavior	0 1 2 3 4
13)	Compliment a friend	0 1 2 3 4
14)	Ask a person who is annoying you in public to stop	0 1 2 3 4
15)	Admit fear	0 1 2 3 4

APPENDIX D

BEHAVIOR OBSERVATION RECORD

BEHAVIOR OBSERVATION RECORD

NAME_____ DATE_____ TIME_____

Minute	Appropriate Task	On___ Off X	Anecdotal Comment
1			
3			
5			
7			
9			
11			
13			
15			

Total time on task per fifteen minute time frame _____
Time sampling of on task behaviors per hour ____ Pct. on task___

APPENDIX E

BEHAVIOR CHECKLIST FOR RULE COMPLIENCE

BEHAVIOR CHECKLIST FOR RULE COMPLIENCE

Rule Day or Date

RULES

XX = Complies to rule

DN = Does not comply to rule

APPENDIX F

PARENT LETTER

LAKE SHORE MIDDLE SCHOOL

1101 SOUTHWEST AVENUE E
BELLE GLADE, FLORIDA 33430
Telephone 305/996-4960

MRS. BARBARA ALTMAN
Principal

March 10, 1987

Dear Parents:

The Special Education Department (SEH/EH) at Lake Shore Middle School is in the process of establishing a Parent Training Program. I believe that such a program can and will be a positive influence in our school.

The purpose of the Parent Training Program is to train parents to manage problem behaviors in their home and neighborhood setting. I would also like to get parents to support classroom behavior and academic objectives.

Training sessions will be held during the school day, usually one hour per week. If at all possible, I would like to meet and talk with you about the training sessions.

If you have any questions about the Parent Training Program, I hope you will call me at Lake Shore Middle School or, better yet, come and visit me at the school. At that time I can explain the program further and try to answer any questions you may have.

Sincerely,

Sheila Police
Mrs. Sheila Police
Crisis Intervention Teacher

Twila Reinke
Dr. Twila Reinke
ESE, West Area Office
(305) 996-4902

Barbara Altman
Mrs. Barbara Altman, Principal
Lake Shore Middle School

*Please check below and return to Mrs. Police as soon as possible.

✓ I am interested and will participate

_____ I am not interested

_____ _____
STUDENT NAME PARENT SIGNATURE